## **Application Data Sheet**

## **Application Information**

Application number:: Unassigned

Filing Date:: June 20, 2003

Application Type:: Regular

Subject Matter:: Utility

Title:: WAVEFRONT RECONSTRUCTION USING

FOURIER TRANSFORMATION AND DIRECT

INTEGRATION

Attorney Docket Number:: 018158-021800US

Request for Early Publication:: No

Request for Non-Publication:: No

Suggested Drawing Figure:: 1

Total Drawing Sheets:: 9

Small Entity?:: No

Petition included?:: No

Secrecy Order in Parent Appl.:: No

## **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: DIMITRI

Family Name:: CHERNYAK

City of Residence:: Sunnyvale

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 781 North Fair Oaks Avenue #6

City of Mailing Address:: Sunnyvale

State or Province of mailing address:: CA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 94085

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: CHARLES

Middle Name:: E.

Family Name:: CAMPBELL

City of Residence:: Berkeley

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 2908 Elmwood Court

City of Mailing Address:: Berkeley

State or Province of mailing address:: CA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 94705

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: ERIK

Family Name:: GROSS

City of Residence:: Palo Alto

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 923 Ilma Way

City of Mailing Address:: Palo Alto

State or Province of mailing address:: CA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 94306

Applicant Authority Type:: Inventor

Primary Citizenship Country:: India

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Status:: Full Capacity

Given Name:: SEEMA

Family Name:: SOMANI

City of Residence:: Milpitas

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 903 Erie Circle

City of Mailing Address:: Milpitas

State or Province of mailing address:: CA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 95035

**Correspondence Information** 

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

**Domestic Priority Information** 

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

**Foreign Priority Information** 

Country:: Application number:: Filing Date::

**Assignee Information** 

Assignee Name:: VISX, Inc.

Street of mailing address:: 3400 Central Expressway

City of mailing address:: Santa Clara

State or Province of mailing address:: CA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 95051-0703

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